

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE					
							APPLICANT(S)							
							CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1						51							
2	1						52							
3	1						53							
4	3						54							
5	0						55							
6	0						56							
7	0						57							
8	0						58							
9	0						59							
10	0						60							
11	0						61							
12	0						62							
13	0						63							
14	0						64							
15	0						65							
16	1						66							
17	1						67							
18	2						68							
19	2						69							
20	0						70							
21	0						71							
22	0						72							
23	0						73							
24	0						74							
25	0						75							
26	0						76							
27	1						77							
28	1						78							
29	1						79							
30	0						80							
31	0						81							
32	0						82							
33	0						83							
34	0						84							
35	0						85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2						TOTAL IND.							
TOTAL DEP.	36	↓	←		↓	←	TOTAL DEP.		↓	←		↓	←	↓
TOTAL CLAIMS	39	████████	████████	████████	████████	████████	TOTAL CLAIMS	████████	████████	████████	████████	████████	████████	████████
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS														